

Physician's Statement

Please fill out the top part of this form COMPLETELY with your personal information.

This statement is submitted to the Election Commission of _____ COUNTY, TENNESSEE pursuant to Tennessee Code Annotated §2-6-201(3)(A), as follows:

Patient's Name: _____

Date of Birth: _____

Social Security Number: _____

Registered Address	Mailing Address

.....
Attention Physician: Please complete the lower portion of this form COMPLETELY and then return it to the address below.

I hereby certify that I am licensed as a physician in the state of Tennessee and that on the ____ day of _____, 20____, I saw and examined the patient listed above; and in my professional medical judgment, he/she is medically unable to appear at his/her polling place and is medically unable to go to the Election Commission office for the purpose of voting absentee by personal appearance.

It is my professional opinion that this patient is medically unable due to:

☐ Sickness, ☐ Hospitalization, or ☐ Physical Disability

This sickness, hospitalization, or physical disability is: ☐ Perpetual, or

☐ Temporary

If temporary, estimated date of recovery is: _____

I understand that this statement will be attached to the permanent registration record of the above mentioned person and that **THIS STATEMENT IS SUBMITTED UNDER THE PENALTY OF PERJURY.**

This the ____ day of _____, 20____

DOCTOR'S SIGNATURE

Name Typed or Printed

Street Address

City, State and Zip Code

Phone Number

Return To:

**Putnam County Election Commission
705 County Services Drive
Cookeville, TN 38501**

For Office Use Only	
	Voter # _____
Dist _____	Precinct _____